

April 3, 2019

FILED
CITY OF SEATTLE
19 APR -4 PM 1:11
CITY CLERK

VIA HAND DELIVERY

Seattle Office of the City Clerk
600 4th Ave.
3rd Floor
Seattle, WA 98104

Seattle Ethics and Elections Commission
700 5th Ave, Suite 4010
PO Box 94729
Seattle, WA 98124-4729

Re: F-1 Reporting Modification Application

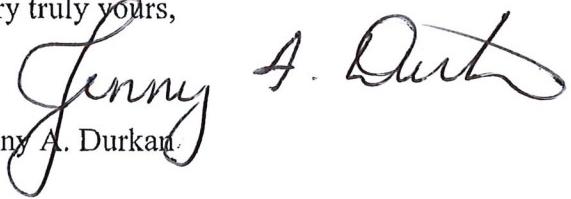
My children and I are participants in the Address Confidentiality Program because of threats I received related to my job as US Attorney and since I have been Mayor. Some of those threats remain. Indeed, the risk can be highest when someone is released from prison years after I was involved in their prosecution. Because of security concerns for the Mayor, the City has assigned every Mayor, including me, a security detail.

Neither of my children has my last name. Due to my heightened concern for their safety, I have been careful to avoid releasing information that would allow someone with a grievance with me to identify or target my children.

The Commission has twice granted this request, allowing me to identify two bank accounts jointly held by my children in terms of name and address of the bank, type of account, asset value and income amount for each bank account, but using the notation "Dependent 1" or "Dependent 2." The Commission apparently agreed that we can accomplish the important purposes of the financial disclosure rules without publicly releasing the names of my children, and that release of their names would unnecessarily invade their privacy and expose them to risk. The relatively modest amounts of these accounts also make it unlikely that this request would present the type of issue the law is designed to prevent. I ask the Commission to renew that modification. Thank you.

Very truly yours,

Jenny A. Durkan





File with: Seattle City Clerk
PO BOX 94728
Seattle, WA 98124-4728
Questions: (206) 684-8500
(206) 615-1248
polly.grow@seattle.gov

SEEC FORM
F-1
(7/18)

SEEC DOLLAR CODE	AMOUNT
(1)	\$0 -- \$999
(2)	\$1,000 -- \$4,999
(3)	\$5,000 -- \$9,999
(4)	\$10,000 -- \$24,999
(5)	\$25,000 -- \$99,999
(6)	\$100,000 -- \$199,999
(7)	\$200,000 -- \$999,999
(8)	\$1,000,000 -- \$4,999,999
(9)	\$5,000,000 or more

PERSONAL FINANCIAL AFFAIRS STATEMENT

Deadlines: Incumbent elected and appointed officials -- by April 15.
Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

SEND REPORT TO Seattle City Clerk

"Immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return. SMC 4.16.080

Last Name	First	Middle Initial	Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or domestic partner.
Durkan	Jenny	A.	
Mailing Address (Use PO Box or Work Address) *			
Office of the Mayor, P.O. Box 94749			
City	County	Zip + 4	
Seattle	King	98124-4749	
Filing Status (Check only one box.)			
<input checked="" type="checkbox"/> An elected or appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office			Office Held or Sought: _____ Office title: <u>Mayor</u> Position number: _____ Term begins: <u>11/28/2017</u> ends: <u>12/31/2021</u>

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CITY OF SEATTLE

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or an immediate family member received compensation, in any form, of \$2,400 or more during the period. Include stock options received during the reporting period that had a value of more than \$2,400.

(Report interest and dividends in Item 3.)

Show Self (S)
Spouse (SP/DP)
Dependent (D)

(S) _____

Name and Address of Employer or Source of Compensation

Occupation or How Compensation Was Earned

Amount:
(Use Code)

Mayor (6)
()
()
()

Check here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or an immediate family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use 1-9 Code) () ()	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received () ()	
Property Purchased or Interest Acquired	() ()	Creditor's Name/Address	Payment Terms (eg. 20 yrs at 4.3%)	Security Given	Mortgage Amount - (Use Code) Original () Current ()
All Other Property Entirely or Partially Owned S/2 E/2 NE SW FR 200-2281 Whidbey Island	(6) ()	N/A			() () ()

Check here if continued on attached sheet

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.			
		Type of Account or Description of Asset	Asset Value (Use 1-9 Code)	Income Amount (Use 1-9 Code)	
A. Name and address of each bank or financial institution in which you or an immediate family member had an account over \$24,000 at any time during the report period.			()	()	
B. Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over \$24,000 during the period.			()	()	
C. Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you or your immediate family member had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. Stock shall be reported by market value at the time of reporting. See attached			()	()	
			()	()	
			()	()	
			()	()	
Check here <input type="checkbox"/> if continued on attached sheet.					
4 CREDITORS		List each creditor you or an immediate family member owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.			
		AMOUNT (USE 1-9 CODE)			
Creditor's Name and Address		Terms of Payment (eg. 6 years at 5.25%)	Security Given	original ()	current ()
				()	()
Check here <input type="checkbox"/> if continued on attached sheet.					
5 NET WORTH		Enter Dollar Amount			
		\$ 5,500,000			
6 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate or an appointee to a vacant elective office filling your initial report, no F-1 Supplement is required.					
Incumbent elected officials filling an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.					
<p>A. At any time during the reporting period were you and/or an immediate family member (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? _____ If yes, complete Supplement, Part A.</p> <p>B. Did you and/or an immediate family member have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? _____ If yes, complete Supplement, Part A.</p> <p>C. Did you and/or an immediate family member own a business at any time during the reporting period? _____ If yes, complete Supplement, Part A.</p> <p>D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? _____ If yes, complete Supplement, Part B.</p> <p>E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? <u>No</u>, or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? <u>Yes</u>. If yes to either or both questions, complete Supplement, Part C.</p>					
ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.			Contact Telephone: (<u>206</u>) 684-4000 *		
<input checked="" type="checkbox"/> I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns.			Email: <u>jenny.durkan@seattle.gov</u> (work)* Email: _____ (Home) Optional		
CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.					
Date	Signature	4-3-19 <u>Jenny A Adk</u>			

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information. Report Not Acceptable Without Filer's Signature

Jenny A Durkan
Seattle City Clerk
SEEC Form F-1
Part 3 A.

Name & address of bank or Financial Institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
(S) JPM Chase, 1201 Third Avenue, Seattle, WA	Checking & Savings	7	1
(S) Wells Fargo, 999 Third Avenue, Seattle, WA	Checking & Savings	4	1
(DC) Wells Fargo, 999 Third Avenue, Seattle, WA	Checking & Savings	2	1
(DC) Wells Fargo, 999 Third Avenue, Seattle, WA	Checking & Savings	4	1

Jenny A Durkan
Seattle City Clerk
SEEC Form F-1
Part 3 C.

Name & address of Investment Interest	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
(S) Quinn Emanuel Defined Benefit Plan	Defined Benefit Plan	6	None
(S) Merrill Lynch 401(K) & Profit Sharing Plan	Retirement Plan	6	None
(S) Federal Thrift Savings Plan	Retirement Plan - G Fund - Gov't Securities Inv. Fund	6	None
(S) The Riveter, 1517 12th Ave., Seattle, WA	Private Investment	5	None
(S) Wells Fargo Investment Advisors, 777 108th Ave NE, Bellevue, WA	IRA	7	None
(S) Charles Schwab Account, 508 Union St; Seattle, WA 98101	Brokerage Account - Money Market	5	1
	Costco Wholesale Co (COST)	4	1
	Nanometrics Inc. (NANO)	2	None
	Energy Select Sector SPDR ETF (XLE)	4	1
	ETFS Gold Trust ETF (SGOL)	4	None
(S) Bessemer Trust, 630 Fifth Ave., New York, NY 10111	Inv Mgmt - Old Westbury Fund, Inc.	8	4
(S) Bessemer Trust, 630 Fifth Ave., New York, NY 10111	Cash - Money Market Sweep	8	4
(S) Bessemer Trust, 630 Fifth Ave., New York, NY 10111	Roth IRA - Old Westbury Fund, Inc	7	2
(S) Bessemer Trust, 630 Fifth Ave., New York, NY 10111	Jenny Durkan, BENE of L Durkan IRA	5	1
(S) I(x) Investments , 142 W 57th St., New York, NY 10019	Private Investment	6	None



File with: Seattle City Clerk
PO BOX 94728
Seattle, WA 98124-4728
Questions: (206) 684-8800
(206) 615-1248
Polly.Grow@Seattle.gov

SEEC FORM
F-1
SUPPLEMENT
(7/10)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS

Last Name	First	Middle Initial	DATE
Durkan	Jenny	A.	4/1/2019

A

**OFFICE HELD,
BUSINESS
INTERESTS:**

Provide the following information if, during the reporting period, you or any immediate family member
(1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
(2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse
Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name	Jenny A. Durkan		
ENTITY NO. 2	Reporting For: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Dependent <input type="checkbox"/>		
LEGAL NAME:	POSITION OR PERCENT OF OWNERSHIP		
TRADE OR OPERATING NAME:			
ADDRESS:			
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:			
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:			
Purpose of payments	Amount (actual dollars)		
	\$		
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:			
Agency name:	Purpose of payment (amount not required)		
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE			
Customer name:	Purpose of payment (amount not required)		
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):			
Check here <input type="checkbox"/> if continued on attached sheet			
B LOBBYING:	List persons for whom you, or any immediate family member, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.		
Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code 1- 9)	
		()	
		()	
		()	
Check here <input type="checkbox"/> if continued on attached sheet			
C FOOD TRAVEL SEMINARS	Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.		
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount (Use Code 1-9)
7/22-7/26/2018	Bloomberg Harvard City Leadership Initiative- New York, NY	Bloomberg Harvard City Leadership Initiative offers leadership and management training to 40 mayors from around the world, and to two senior officials from each mayor's city who are most crucial to effecting organizational change. Over the course of a year, the program combines intensive classroom experiences with hands-on training and capacity-building to help each participating mayor and senior leader foster their professional growth and advance key capabilities within their city hall.	\$ 1,539.40 (2)
Check here <input checked="" type="checkbox"/> if continued on attached sheet			

Information Continued

F-1 Supplement

Name Jenny A. Durkan	Reporting For: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Dependent <input type="checkbox"/>
ENTITY NO.	POSITION OR PERCENT OF OWNERSHIP
LEGAL NAME:	
TRADE OR OPERATING NAME:	
ADDRESS:	
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:	
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments	
Amount (actual dollars) \$	
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name:	
Purpose of payment (amount not required)	
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name:	
Purpose of payment (amount not required)	
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):	

B LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code 1-9)
		()
		()
		()

C FOOD TRAVEL SEMINARS (continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code 1-9)
9/12-9/13/2016	United Nations Foundation - Global Climate Action Summit San Francisco, CA	The Global Climate Action Summit brings leaders and people together from around the world to celebrate the extraordinary achievements of states, regions, cities, companies, investors and citizens with respect to climate action. It was also a launching pad for deeper worldwide commitments and accelerated action from countries supported by all sectors of society that can put the globe on track to prevent dangerous climate change & reaffirm the historic Paris Agreement.	\$ 030.20	(1)
10/27-10/29/2016	Aspen Institute American Cities Initiative - Detroit CityLab	A partnership between Bloomberg Philanthropies, the Aspen Institute & Atlantic CityLab is the preeminent meeting of city leaders and top minds in urbanism and city planning, economics, education, art, architecture, public sector innovation, community development, and business convened with the goal of creating scalable solutions to major challenges faced by cities everywhere.	\$ 1,235.00	(2)